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AUTHOR Buktenica, Norman A.
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ABSTRACT

The rationale and philosophy for multidisciplinary activities by school psychologists and educators are presented with an emphasis on the acquisition of information on the social context of children's behavior and needs. Multidisciplinary training teams (MDTT) established over an eight-year period in elementary schools in Nashville, Kentucky, are described in terms of: (1) mobilizing parent involvement in all school activities; (2) assessing problem areas and issues; and (3) developing intervention programs as part of the existing structure of the school/community. The activities of the MDTT teams which consisted of graduate and post-graduate students representing nine areas of specialization training are detailed, along with the transactional intervention approach which involved mutual problem definition and resolution by school/community personnel. The problems with MDTT in the areas of engaging school personnel in meaningful relationships and the initial periods of lack of productivity are also examined. (Author/KMF)

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MULTIDISCIPLINARY SPECIAL EDUCATION EFFORTS: A TRANSACTIONAL-ECOLOGICAL APPROACH

Norman A. Buktenica

Moorhead State University

Moorhead, Minnesota

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Background and Rationale

A discussion of multidisciplinary teams might seem less than important because special service personnel teams in schools seem to be commonplace these days. These teams, for the most part, appear to be very conventional--patterned after the child guidance teams of the 1920's -- in that each member performs her/his tasks and they come together at regular or irregular intervals to tell each other what they have done. Maximum and most appropriate utilization of resources might be served best with other models. An alternative approach and the rationale on which it is based will be discussed in this paper. It is believed that other, more collaborative team approaches are needed. A shift in thinking is needed -- a paradigm shift -- as though one were transported to a new planet (Kuhn, 1970). Stated more blatantly, we can no longer function in the conventional manner -- we cannot go on meeting like this, so to speak!

The education/special education profession must have a commitment to improve the quality of education. We have increased learning opportunities for our youth to a greater extent than any other country, and approximately one-sixth of our gross national product is spent on education (National Center for Educational Statistics, 1976). In spite of that apparent commitment, there is continual questioning of the academic competence of our children, limited reading and writing abilities prevail, and verbal communication of students leaves much to be desired. Bloom (1978) states that "neither further opportunity for education nor increased financial support for education will do much to improve the quality of our students," and that the situation will improve only if we alter our practices. The commission on Programs and Projects of the American Association of Colleges for Teacher Education (1978) in a recent statement, suggested that cross departmental/interdisciplinary approaches to planning, teaching, research, and service will be necessary to solve

education problems (Buktenica, 1980; Cutts, 1955; Wall, 1956). A strategic point of departure from other types of teams is that a case study approach is not employed in that the social context of the school and community is considered to be the appropriate sphere of inquiry rather than utilizing a case study approach. This is based on the belief that children can only be understood within a context, and that role definitions of professionals are less important than considering individual competencies to implement problem definition/resolution and mobilization of existing resources within settings to more adequately address the educational and developmental needs of children (Buktenica, 1970; Dewey and Bentley, 1949; Smith and Dibacco, 1974).

The complex problems of our changing society, and the schools' role within that society, dictate that we invest additional resources into professional training, and that we work more diligently toward innovative approaches to training and service. These approaches must avoid wasteful duplication, to use persons according to skills and abilities rather than determined by jurisdictional boundaries, and the potential for accomplishing such ends seems to exist at the training program level.

Children face a variety of social agents that often put them in conflict. Since schools tend to be disconnected from other socializing institutions, there is a need to coordinate the impact of social agents and other community resources to effect appropriate adaptation of children to school. There also needs to be coordination and multiple sanctions from within the school setting as well as from parents and community groups. One can argue that parents should have guidance in the best use of other socializing institutions such as the school, church, recreational facilities, etc., (Watson, 1967). Extending the sphere of work to the family and the community gives tacit recognition of the need to help others help themselves (Cutts, 1955).

Rationale

It seems that coordinated inquiry into the appropriateness of extant roles and functions has the potential for developing mutually determined patterns of response that maximize growth and development and use of resources for special needs children (Buktenica, 1980).

The relationship among school personnel can be characterized as being at either a self-actional, interactional, or transactional level. Briefly stated, self-action refers to people acting and initiating behavior under their own power; interaction is when person is balanced against person in a causal interconnection; and transaction is when persons are in a mutually determined, interdependent relationship (Dewey and Bently, 1949). Within this framework, it is posited that: (1) the realtionships special service personnel are often at the self-actional level--each going separate ways, self-initiated, self-directed, defining and carrying-out functions to the exclusion of the other; (2) some relationships are at the inter-actional level in a cause/effect, linear mode that is similar to a "billiard ball" phenomenon of oposite and equal reaction; and (3) seldom do special service personnel function at a transactional level of relating which involves mutual problem definition and resolution, or interdependent circular response modes. The levels of relating are not completely independent, but they seem to be distinctive enough to be distinguishable.

Self-actional level - Aristotle's philosophy of self-action was based on the assumption that people completely, inherently, and necessarily possess "being." They, thus, are said to coninue eternally in action under their own power. Functioning at this level, school personnel would attempt to unilaterally determine and control their roles.

Interactional level - The self-actional view was a predominant conceptualization of behavior until the time of Galileo. His identification of the principle that a body will remain in motion in a straight line unless interfered with by another moving body or force, laid the foundations for interactional construction of behavior. Newton elaborated on this thinking, postulated the "opposite and equal reaction principle", and construed a linear cause and effect approach to forces acting upon each other. The behavioral/operant approach is an example of a linear model at the interactional level (Dewey and Bentley, 1949). As school personnel are observed, one notes that the prevailing level of relationship is interactional. There is a recognition of, and acknowledgement of, another's presence and position at the interactional level of relating, but it allows for very little input into the "unalterable" characteristics of the persons involved. Oakland (1976) proposes an appropriately labeled interaction model in that he clearly instructs and admonishes about role and function. Martin (1978) suggested that multidisciplinary efforts are most effective when the principal actors "exert considerable influence on one another", while at the same time spending much time advising and trying to persuade each other to act in a particular way.

Transactional level - If, as Hobbs (1975) and Reynolds (1978) suggest, and legislation mandates, we have to promote redefinition and renegotiation of roles, there will have to be movement beyond the self-actional and interactional levels of relating. This perspective is based on the recognition that roles and behavior of people can only be understood in relationship to a social context, that people in a setting are interdependent, and that they have mutual impact on each other (Buktenica, 1977, 1980; Dewey and Bentley, 1949).

Therefore, consideration of relationships among professionals in the schools must be jointly or collaboratively addressed for adequate resolution. There are examples of such efforts (Armer and Thomas, 1978; Buktenica, 1970 and 1977; Hunter, 1977; Miller and Buktenica, 1969; and Thomas, 1972). Illustrative of the position, Thomas, in application of these principles to the Nashville Schools, points out that if the working relationship between professionals in the schools is conceptualized on a continuum, one end would be conflict and the other would be collaboration. In order to move toward collaboration, the team members have to engage in mutual problem definition and resolution, and enter negotiation knowing full well that each person might have to live up or alter a role-related position.

Merely meeting in one place to discuss a child does not warrant the designation of a transactional level of relationship, because a complete range of problem definitions and resolutions must be possible. When a behaviorally oriented team meets to define a child/school problem, and/or intervention, the options are limited. This is especially notable in the intervention or approach to resolution which is largely prescribed prior to definition of the question. A team with a behavioral perspective (viz. an interactional one) is too limited in its scope to allow for a transactional level of functioning. On the other hand, a transactionally oriented team might regard a behavioral intervention as one of many intervention tools that could be selected from a broad array of theoretical options. The team at the transactional level has the latitude to accept or reject a behavioral technology as determined by the appropriateness to the needs of a given social context (e.g., classroom: child/peers/parents/teacher), while the behaviorally oriented team has a predetermined set to consider behavioral diagnosis and technology as the most appropriate intervention approach (Buktenica, 1980). Multidisciplinary service and training efforts have the potential to move regular and special educators to a transactional level of relating if they allow themselves to jointly plan, mutually define tasks and problems,

collaborate on problem resolution, openly inquire into role and function, allow for a full range of options, evolve into interdependence and mutuality (Armer and Thomas, 1978; Barden and Winger, 1976; Buktenica, 1979 and 1977; Hobbs, 1975 and 1977; Miller and Buktenica, 1969; Reynolds and Birch, 1978; Thomas, 1972; Walsh, et al, 1976; and Ysseldyke, 1978).

A transactional approach to relating seems to have the potential for realizing a communality of experiences and erosion of jurisdictional boundaries, The various school personnel must find common grounds for a truly transactional relationship in which the participants learn from each other. When planning and inquiry sessions are conducted, both must acknowledge that no one is relinquishing responsibility or authority; but rather that all will share the burdens and work toward mutual solution of problems. Successful multidisciplinary efforts will be contingent on leaving roles behind, in one sense, and orienting oneself to the context with the "team", rather than the separate disciplines, as the reference group. This, of course, might require relinquishing a "traditional function" to a colleague in a specific instance. The suggested experiences allow team members to examine problems of the children in the school from the combined perspective of their backgrounds, training, and professional disciplines. They are instructed to observe in classrooms, talk with teachers, and get oriented to the community in order to identify problem areas from the school's perspective. Children are viewed within the social context of the classroom, the family, and the community, in contrast to the more traditional notion of considering the "troubled child" as a self-contained entity who needs to be "fixed" only within himself.

The multidisciplinary training team in a school setting has to generate integrally related training and service goals. If these goals are not clarified, the team, school staff, and other agencies remain in conflict and function at cross purposes. Training goals include: (1) orientation to school and community, (2) learning about other professions, (3) establishing ways of using most appropriate persons (professional and paraprofessional) for particular tasks, (4) implementing research methodology that is readily incorporated into action programs, and (5) developing models for evaluating effectiveness of programs. Service goals include: (1) mobilization of parent involvement in the full range of school activities, (2) assessment of problem areas and issues, and (3) development of intervention programs that can become part of the existing structure of the school-community.

Composition and Setting of the MDTT

The MDTT described consisted of graduate and postgraduate students from six universities[1] representing nine areas of specialization training.[2] Each participant on the team spent a minimum of one day per week in the school setting for a full year. The team members and their faculty supervisors also are committed to attend a weekly seminar which provides a forum for discussing common aspects of training across disciplines and the distinctive features

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1. Fisk University, Meharry Medical College, Peabody College, Tennessee State University, U. T. School of Social Work, Vanderbilt University Bill Wilkerson Speech & Hearing Center.
2. Social work, psychology, psychiatry, educational administration, education curriculum, special education, sociology, child development, and counseling. Not all participated each year.

of each. This meeting serves to review continually the team's progress and gives direction to subsequent activities. The team meetings and seminar are chaired by the team coordinator, who is selected by the team on the basis of background, experience and apparent competencies.

The team has involved itself with many aspects of the school and community. Some examples of their activities include: assessment of problems that are prototypical across classrooms, application of interaction analysis techniques, mobilization of parent involvement in the school, screening of perceptual abilities of kindergarten and first-grade children, small group therapeutic teaching, coordination of community agencies, and fostering communication among teachers and between teachers and parents. For example, parents of maladaptive and adaptive children are personally contacted and asked to visit the school. They are asked to help contact other parents and to serve in various capacities within the school such as supervising the school health clinic, tutoring, aiding teachers, or filling the roles of materials clerk, story teller, or clerical aide.

The first two years of the MDTT efforts had one team in an elementary school in Nashville. We had two elementary school teams for three years, and then moved into one elementary school and began to apply the concept to the secondary schools. During this time our training program efforts, especially in school psychology, had an impact. on the pupil personnel services in the schools and a concurrent development of team development in the schools (Thomas, 1972). Those decentralized pupil personnel teams, that are multidisciplinary, continue to be the service delivery system for the Nashville-Davidson County Schools.

The transactional approach to establishing multidisciplinary terms was used in three settings over a ten year period. The settings represent a wide range of school populations and social contexts: (1) the schools of Honolulu,

Hawaii, with a state department base, (2) the metropolitan area of Chicago working from a comprehensive mental health center base, and (3) the schools of Nashville-Davidson County, with a school/university base. Because of space limitations, only the multidisciplinary training team (MDTT) effort that covered an eight year period in Nashville will be described in this paper. The team effort in Hawaii was a demonstration effort that was sponsored by the Hawaii State Department of Education and funded under P.L. 89-313 (Kawahara, 1967). It is my understanding that the service delivery model in Hawaii is patterned after that demonstration. The teams from the base of the John J. Madden Zone Center (Hines, Illinois) were part of the staff of that comprehensive mental health center with the responsibility of serving half the metropolitan area of Chicago. Those multidisciplinary teams provided the intake, outpatient service and liaison with other agencies--including schools (Buktenica, 1967).

Pattern of Development

In developing a multidisciplinary training program in a school, sanctions must come from within the school setting as well as from parents and groups in the community. Sanction is important to assure coordination of efforts, to protect the persons affected by the intervention, and to establish the team's right to be in the school (Buktenica, in press, Smith & DiBacco, 1974). In its simplest form, sanction is the right to work within, or deal with, a given system.

Sanction for the MDTT to be in the schools was established at multiple levels beginning with the director of schools (superintendent), the administrative staff, the principal, the teachers, and parents. The concept of the team was introduced to and supported by each administrator who in turn introduced it to the next person in the chain of command from the superintendent to the persons at the school level. While this process was underway the

school board approved the concept of the MDTT and sanctioned its presence in the schools. Multiple sanctions are needed to establish a climate of openness and trust among teachers, school administrators, students, parents and MDTT members, and in order to gain approval for the presence, role and function of the team. Mutually determining needs, objectives and directions helps establish and strengthen the sanction at the school/community level. The MDTT members must always respect the rights and dignity of the persons affected by their intervention, recognize that they are invited into the domain of teachers and parents and are accountable to them, and must continually legitimize their right-to-be in the setting.

As reported in another context (Buktenica, 1977), the MDTT enters a school, usually by invitation, with appropriate sanction, and tries to become part of the faculty. The teacher is thought to be a central member of the team--one of the more useful in providing information for problem identification and resolution. Team members are advised to lay aside the more traditional professional functions such as testing, tutoring and other individually administered direct services. Instead, they are asked to talk with teachers and children, custodians and other school personnel, find opportunities to visit with parents, observe in classrooms, visit trafficked and meeting places in the community, learn about the demographic characteristics of the community and determine how the community is serviced by health, welfare, social and religious agencies. Such activities might take days or weeks, and might require continual reevaluation, but it is thought to be time well spent. Teachers and other school personnel are often asked to take part in these explorations to enhance their orientation to the community, and they might also be asked to help orient the team if they are familiar with some aspects of the community. All of the above visitations and observations are recorded and become a basis for discussion with the school personnel in an attempt to increase understanding of the ecological context of children.

Other formal and informal data are collected in the form of surveys, questionnaires, observation schedules, ecological observations, interviews and examination of school records. We have gone to the extent of conducting a systems analysis of a high school and its feeder schools (Mogge, 1972, Hannah, 1974, Barnett, 1972).

We believe that this approach, at a systems and community level, begins to give information about the social parameters and expectations for determination of handicapping conditions. This is important to us because of our belief that maladaptation and determination of "deviation" are socially derived phenomena and tend to be situation specific -- they are an outgrowth of the transactional process between individuals and other elements of the behavioral settings (Mercer, 1975, Szasz, 1961). Thus, information about the social context of a child's behavior is acquired and leads us toward a complete description of the learning environment.

It should be noted that an important aspect of a multidisciplinary team is the capability to respond to crises. We have not abandoned direct service functions. However, there are three manifestations of the crisis response that are noteworthy. First, assignment to a referral or crisis situation is done on the basis of the most appropriate person rather than assignment on the basis of professional discipline. One of the earliest tasks of a team is a self-evaluation of individual and group competencies. If then a particular service is called for, e.g., a home visit, testing, family interview, classroom group intervention, etc., the person with the appropriate set of competencies is asked by the team to pursue the matter. For example, the teacher might conduct a home visit or family conference rather than the social worker, psychologist or counselor. Or the team might realize that a referral to another agency seems to be the best course and someone on the team, not necessarily the social worker, will assume the responsibility to get the family to that resource.

Another manifestation of our approach to direct service is a focus on the family. Seldom is a child seen in isolation, but rather is seen with principal members of the family. This is another attempt to understand a child's behavior through the behavioral setting -- the ecology of the family. In this process the parents and child are to participate in the definition of the problem. Through their participation all members are able to share ownership of the problem rather than the ownership deemed to be the child's as is the case in more conventional approaches. The family, in turn, is then able to participate in resolution of the problem rather than merely being the target to be "fixed" or shaped.

The third manifestation of our multidisciplinary approach to crises is implementation of the continuity of care concept. This concept grew out of the mental health legislation in the late 1950's. It specified that many "caretakers" or agencies are responsible for child development or adaptation, with each agency contributing to the "helping" process in a planned and collaborative manner. A fundamental aspect of this endeavor is to work toward fixing responsibility for particular services, education or intervention to children. In this process, one institution (e.g., the school) assumes primary responsibility in collaboration with the family for coordinating all the services until a resolution is reached.

Problems

One of the major problems of the MDTT is that of engagement of the school personnel in a meaningful relationship. This problem, while a usual one, is probably more manifest with this approach because of additional variance between expectation between the school and team members. The fact that the team spends time assessing needs and resources in the situation, establishing priorities before providing direct services is often a source of tension. A related problem is how a team of students will be regarded by the school faculty as resources or "expert" professionals.

The fact that potential team members and university supervisors are expected to make a commitment for the full school year can be a problem. The rationale for the MDTT dictates that team members be involved for an extended period of time in order to allow for adequate exploration of the setting, establishment of the team concept, and to more probably guarantee that the team will contribute to the setting rather than mainly exploiting it for training purposes.

There is the question of feasibility of persons from a variety of disciplines working in a collaborative team context. Can persons from different fields pool their resources, work together, participate in group problem definition and resolution, work with people who have different perspectives and avoid getting "washed out" of their own discipline?

Smith and DiBacco (1974) identified several problem areas that include:

(1) Supervisor's expectations that may conflict with purposes of the team, e.g., having skills peculiar to their particular discipline.

(2) A usual problem of getting acquainted that is typical of newly formed work groups. This is exacerbated somewhat by the MDTT because members are asked to discuss their competencies, strengths and weakness in order to determine the resources of the team and prepare for resource exchange negotiations.

(3) The emphasis on not restricting one's activities to particular professional role designated behavior is a unique problem of the team. This is a source for anxiety, and potential source for discouragement. Team members might be deprived or the opportunity to exercise a skill behavior and thus not receive an expected set of reinforcements.

Each year the MDTT, having a new set of members, went through an initial period of apparent lack of productivity that was associated with team building activities. The team members, individually and collectively at times appeared

to be immobilized and unsure of the direction they were to take. During this time there is perceived concern by teachers and apparent pressure to produce. While this seems to be stressful time for the team members, it also appears to be a useful and necessary period during which the team assesses its resources, develops an identity and direction. For example, during this time people deal with the fear that they might be losing their professional identity, question existing methods for service delivery and then develop an identity with the team/school as the reference group. While each MDTT does not reach this end to the same degree, that is clearly a goal of the model.

Accomplishments

A long term evaluation of the MDTT was attempted and the following represents some of the accomplishments (McShane, Clark Rose & Buktenica):

1. Recruitment and training of parents to teach reading to a group of low functioning and low achieving first grade children. The parents had 12 years or less of schooling. Training and supervision were provided by the team.
2. Mobilization of other parental involvement including an advisory committee to consider curriculum and classroom management problems, to review and pass judgement on research proposals, and to recommend research and other needs for the school.
3. Establishment of a volunteer program that included parents and students from college, high school and junior high school.
4. Developing vision and hearing screening programs carried out by parents.

5. Instituting a screening program to identify handicapped children. A program that led to the formation of a varying exceptionalities class as a resource room with appropriate resource materials.
6. Providing in-service training to the varying exceptionalities and EMR teachers to enable them to become resource persons for other teachers.
7. Establishing a screening and instructional program at the kindergarten level which was aimed at early identification and prevention.
8. Carrying out interaction analysis in classrooms as a basis for in-service training to help teachers understand the complexities of the classroom as a learning environment.
9. Identifying a procedure and resource for providing health care for a whole school population.
10. Establishing small group therapeutic teaching for children with special needs.
11. Fostering communication among teachers including regular in-service training in human relations.
12. Conducting group counseling sessions with parents.
13. Providing consultation to the school principal regarding staff relationships, and school-parent relationships.
14. Establishing a walk-in rap center in which students counsel each other.

The multidisciplinary training team is an attempt to broaden the perspective of the teacher, and to assist the teacher in understanding the variety of forces that influence child behaviors in the classroom and, if you will, to provide the least restrictive alternatives -- to establish learning environments that maximize learning. In a Title I school, achievement gains were significantly greater than

in all the other matched schools. The only identifiable variable that differentiated the school was the presence of a MDTT. Having people from different disciplines work together illustrated the necessity of a multifaceted approach to appropriate instructional planning.

Conclusions

In addition to striving toward a transactional level of response to personnel preparation and service, it is suggested that training programs should develop multidisciplinary approaches (Buktenica, 1970; Hobbs, 1975). If students and professionals from different disciplines can participate in joint seminars and field training settings, they should begin to acknowledge and understand the roles and functions of each other, share a common vocabulary, and learn to collaborate in program planning and implementation. Special and regular educators in training should have the opportunities (1) to become skilled in mutual problem identification and solution, (2) to work collaboratively with other professions, (3) to jointly develop appropriate instructional programs for children in need, (4) to develop a favorable attitude toward, and commitment to, collaborative endeavors with other professionals, and (5) to be exposed to a range of theoretical options.

It seems that if the various disciplines in the schools persist in going their separate ways, unilaterally defining roles, resisting to plan and implement programs cooperatively, services to special needs children will be far less than adequate. On the other hand, if they can become truly interdependent, working together at the training level, a more powerful aggregate potential may be realized (Miller and Buktenica, Note 2).

If we are precipitously moved and mandated in the direction of "team" functioning as present legislation suggests, our classrooms are liable to become pluralistic "parking lots" for the handicapped and non-handicapped. This seems bound to occur unless

we use context-based procedures and provide necessary support to classroom teachers.

The status of mental health services in public schools will depend on: (1) the degree to which the services are coordinated and nonduplicative, and (2) their relevance to the educational growth of pupils.

Implementing the legislation to provide the least restrictive alternatives will require multifaceted views. The transactional perspective implies team functioning, collaboration with all elements of the educational scene--parents, regular educators and special educators. It seems that without a consolidated effort, we will fall far short of an admirable goal.

Finally, it seems then that a team effort is necessary for multiple views or perspectives and opinions in assessing strengths (learning characteristics) and weaknesses in the particular context and attempting to mobilize existing resources (forces) to cope more adequately with the child's educational needs (Buktenica, 1970). Recognition of the resources in the setting seems to dictate multidisciplinary efforts which have the potential of preventing problems. Single assessment-single intervention is tantamount to continually battling brush fires, never preventing problems from developing. Multifaceted efforts, professional and nonprofessional, will be necessary for adequate definition and description of children's learning characteristics and articulation of the learning situation.

Educators should learn to learn from parents while at the same time learning to coordinate educational efforts and develop better means of communicating information. Separate directions, duplicated functions, resistance to plan cooperatively and refusal to evaluate efforts will jeopardize assessment and least restrictive environment planning. The success of such planning will probably depend on the degree to which the services are coordinated and nonduplicative and are relevant to educational growth of pupils.

A multidisciplinary team approach might have a positive effect on the teacher-pupil interaction, since teacher training characteristically provides insufficient experiences to assist teachers to understand those social forces that influence child behavior within a classroom. Thus, teachers can be oriented to identify problems early enough to effect an adequate intervention themselves. Such a pursuit requires broadening the context and perspective of the teacher as well as the special service personnel.

The multidisciplinary training program, with the rationale presented, is considered to be a beginning step in exploring modes of addressing educational problems. Perhaps it will lead to an appropriate model for more effective service delivery systems in school setting .

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